

Baseball _____
Softball _____ x _____
Football _____

MILWAUKEE COUNTY PARKS
PUBLIC SERVICES
9480 WATERTOWN PLANK ROAD
WAUWATOSA, WI 53226
257-8030 - FAX 257-8044

Receipt No. _____
Amount _____ Date _____
Approved by _____ Cards P M
Receipt No. _____
Amount _____ Date _____
Receipt No. _____
Amount _____ Date _____
Receipt No. _____
Amount _____ Date _____

OFFICIAL ENTRY FORM

Affiliated & Franchise Leagues

PRINT or TYPE all information except where signature is noted.

TEAM NAME _____

LEAGUE : _____

ENTRY FORM MUST BE COMPLETELY FILLED OUT AND ACCOMPANIED WITH PROPER FEE

ENTRY FEE \$	<u>230.0</u>
WI State Sales Tax	<u>6.72</u>
Total Fee \$	<u>236.72</u>

If a team withdraws after league meeting or after schedule is printed, **NO** fees are refunded.

Participant(s) agrees to indemnify, defend and hold harmless, the County, its officers and employees, from and against all loss or expense including costs and reasonable attorney's fees and/or liability for damages for personal injury and property damage to the extent caused by any negligent or willful act or omission of participant(s).

This firm, organization, or individual does hereby appoint the person listed below as field manager for the above mentioned team.

Name _____ (PRINT) Phone _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Phone _____ Ext. _____

Email _____

As manager of the above named team, I hereby agree to acquaint myself and team members with all rules and regulations of this department. I further agree to abide by all such rules.

MANAGER'S SIGNATURE _____

Read back of entry form before signing.

SPONSER _____ (Print Person's Name) Phone _____

Address _____ City _____ Zip _____

Email _____

SPONSOR'S SIGNATURE _____

Forfeits	Amount Due	Date Paid	Receipt No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____